

AF *[Signature]*

Certification of Mailing	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
Carl J. Roof	37,708
Name	Registration No (if applicable)
<i>Carl J. Roof</i>	
01-26-05	Signature
	Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/965,113  
Applicant(s) : Lin, et al.  
Filed : September 26, 2001  
Title : IMPROVED EMULSIFIER SYSTEMS FOR USE IN  
MAKING DEHYDRATED STARCH INGREDIENTS  
TC/A.U. : 1761  
Examiner : L.T. Tran  
Conf. No. : 3953  
Docket No. : 8258X  
Customer No. : 27752

NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

I am an attorney or agent of record.

Respectfully submitted,

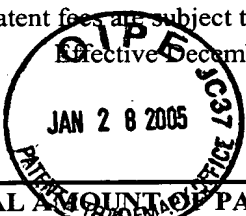
THE PROCTER & GAMBLE COMPANY

*Carl J. Roof*  
\_\_\_\_\_  
Carl J. Roof  
Registration No. 37,708  
(513) 634-5209

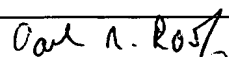
January 26, 2005

02/01/2005 CNGUYEN 00000066 162480 09965113

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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> Patent fees are subject to annual revision. Effective December 8, 2004 	<b>Complete if Known</b>	
	Application Number	09/965,113
	Confirmation Number	3953
	Filing Date	September 26, 2001
	First Named Inventor	Lin, et al.
	Examiner Name	L.T. Tran
	Art Unit	1761
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 500.00	Attorney Docket No.	8258X

<b>METHOD OF PAYMENT</b>	<b>FEE CALCULATION (continued)</b>																																													
<b>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</b>  Deposit Account Number: <b>16-2480</b> Deposit Account Name: <b>The Procter &amp; Gamble Company</b>	<b>5. ADDITIONAL FEES</b> <table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Extension for reply within 1<sup>st</sup> month</td><td>(\$120) <input type="checkbox"/></td></tr><tr><td>Extension for reply within 2<sup>nd</sup> month</td><td>(\$450) <input type="checkbox"/></td></tr><tr><td>Extension for reply within 3<sup>rd</sup> month</td><td>(\$1,020) <input type="checkbox"/></td></tr><tr><td>Extension for reply within 4<sup>th</sup> month</td><td>(\$1,590) <input type="checkbox"/></td></tr><tr><td>Extension for reply within 5<sup>th</sup> month</td><td>(\$2,160) <input type="checkbox"/></td></tr><tr><td>Information Disclosure Statement fee</td><td>(\$180) <input type="checkbox"/></td></tr><tr><td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td><td>(\$130) <input type="checkbox"/></td></tr><tr><td>37 CFR 1.17 (q) Missing Parts (provisional)</td><td>(\$50) <input type="checkbox"/></td></tr><tr><td>Non-English specification</td><td>(\$130) <input type="checkbox"/></td></tr><tr><td>Notice of Appeal</td><td>(\$500) <input checked="" type="checkbox"/></td></tr><tr><td>Filing a brief in support of an appeal</td><td>(\$500) <input type="checkbox"/></td></tr><tr><td>Request for oral hearing</td><td>(\$1,000) <input type="checkbox"/></td></tr><tr><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,370) <input type="checkbox"/></td></tr><tr><td>Other:</td><td><input type="checkbox"/></td></tr></tbody></table>	Fee Description	Fee Paid	Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450) <input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input checked="" type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>															
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<b>3. APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> ((\$250 for each 50 sheets in excess of 100, except for sequence and program listings) <b>SUBTOTAL (2)+(3) (\$)</b> [0]																																														
<b>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="1"><thead><tr><th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr><tr><td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr><tr><td>Multiple Dependent claims:</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr></tbody></table> ** or number previously paid, if greater; For Reissues, see below <b>Fee Description</b> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) <b>SUBTOTAL (4) (\$)</b> [0]		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	<b>SUBTOTAL(5) (\$)</b> [500]																													
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<b>SUBMITTED BY</b>			<b>Complete (if applicable)</b>	
Name (Print/Type)	Carl J. Roof	Registration No. (Attorney/Agent)	37,708	Telephone (513) 634-5209
Signature			Date	01/26/2005